

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**APPLICATION FOR 6-MONTH EXTENSION OF TIME TO FILE  
LEGACY AND SUCCESSION TAX RETURN**

FOR DRA USE ONLY

**A PROBATE COURT APPROVED EXTENSION (FORM 77-A) WILL NOT BE ACCEPTED  
AS AN EXTENSION TO FILE THE DP-145 LEGACY AND SUCCESSION TAX RETURN**

<b>IMPORTANT</b>	The NH Department of Revenue Administration requires a Form DP-148 Extension of Time to File for all Legacy and Succession Tax Return for taxpayers unable to meet the 9 month filing requirement.
<b>WHEN TO FILE</b>	This form must be filed on or before the due date of the return in order to receive a 6 month extension of time to file the return.
<b>ADDITIONAL TIME</b>	Extension requests for a period longer than 6 months must be accompanied by a letter of explanation.
<b>WHERE TO FILE</b>	The NH Department of Revenue Administration, 45 Chenell Drive, PO Box 637, Concord, NH 03302-0637.
<b>NEED HELP</b>	Call the NH Department of Revenue Administration, Audit Division at (603) 271-2580. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

**APPLICATION FOR 6 MONTH EXTENSION OF TIME TO FILE  
LEGACY AND SUCCESSION TAX RETURN**

**An extension of time for filing a return shall NOT extend the time for the payment of the tax due.**

PLEASE PRINT OR TYPE	ESTATE OF:	LAST NAME	FIRST NAME	MIDDLE INITIAL	DECEDENT'S SSN	DATE OF DEATH
	DOMICILE AT DATE OF DEATH:	ADDRESS	CITY/TOWN	STATE	COUNTY	PROBATE NO.
	NAME OF EXECUTOR/ADMINISTRATOR:	LAST NAME	FIRST NAME	MIDDLE INITIAL	EXECUTOR/ADMINISTRATOR SSN OR FEIN	
	EXECUTOR/ADMINISTRATOR:	ADDRESS	CITY/TOWN	STATE	ZIP CODE	

**TAX PAYMENT SCHEDULE**

MAY USE WHOLE DOLLARS

- 1 Enter 100% of the tax determined to be due.....
- 2 LESS: Credits and payments of estimated tax.....
- 3 BALANCE DUE: Make check payable to: **State of New Hampshire**.....

1  
2  
3

\$
\$
\$

**Send remittance with this form. DO NOT USE the estimate form (DP-145 ES) when requesting an extension.**

Under penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR DRA USE ONLY

MAIL  
TO: NH DEPT OF REVENUE ADMINISTRATION  
DOCUMENT PROCESSING DIVISION  
PO BOX 637  
CONCORD NH 03302-0637